

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034224

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 096

Primary Registration District No.

Registrar's No. 53

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Jackson

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

6 mi. S.E. of Buffalo

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dallas

c. CITY

OR  
TOWN

Elkland, Mo

Inside Limits

Yes ☐ No ☒

d. STREET (If outside, give location)

ADDRESS

6 mi. S.E. of Buffalo

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

James Claude Cheek

4. DATE

Month

Day

Year

OF  
DEATH

Sept. 6, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/6/1928

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Dallas Co.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Cheek

13b. MOTHER'S MAIDEN NAME

Mary Higgonbottom

14. NAME OF HUSBAND OR WIFE

Gusta Cheek

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

A Mrs. Gusta Cheek

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thoracic hemorrhage

INTERVAL BETWEEN

ONSET AND DEATH

48 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Primary carcinoma of the esophagus

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 5, 1962, to September 4, 1962, and last saw him alive on Sept 4, 1962

Death occurred on September 6, 1962

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Joseph G. Bennett, D.O.

22b. ADDRESS

Buffalo, Missouri

22c. DATE SIGNED

9/7/62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

9/9/1962

23c. NAME OF CEMETERY OR CREMATORY

Macodonia

23d. LOCATION (City, town, or county)

Dallas Co.

Missouri

24. FUNERAL DIRECTOR

ADDRESS Buffalo, Mo

25. DATE RECD. BY LOCAL REG.

10/4/62

26. REGISTRAR'S SIGNATURE

Mrs. Vera Little JR

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerry J. Canthon  
Licensed Embalmer No. 5153

P. O. Address Buffalo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.